

Utah Department of Health, Bureau of Child Care Licensing  
**Center Renewal Application, Staff Record Form**

**Center Name:**

**Center Address:**

**Date Review Completed:**        /        /       

**Date of last Announced Inspection:**        /        /       

Please follow the attached instructions when completing this form. List all owners, employees, volunteers, and members of your governing board (if you have one). In order for your license to be renewed, this form must be accurately completed before your Announced Inspection takes place. Your Licensing Specialist will collect this completed form as part of your Announced Inspection.

	1. First Name	2. Initial	3. Last Name	4. Start Date (First date of paid work, for those hired after your last Announced Inspection) (mm/dd/yyyy)	5. Position(s) (Owner, Director, Assistant Director, Caregiver, Cook, Driver, Custodian, Volunteer, Board Member, or Other)	6. Assigned Class or Group (For Caregivers only. Include ages of children in the group.)	7. Date Initial CBS MIS Form Sent to the Bureau (if new since last Announced Inspection) (mm/dd/yyyy)	8. Negative TB Test Date (if new employee since last Announced Inspection) (mm/dd/yyyy)	9. Listed on current CBS MIS Renewal Form & Disclosure Statement?
1.				/ /			/ /	/ /	Yes No
2.				/ /			/ /	/ /	Yes No
3.				/ /			/ /	/ /	Yes No
4.				/ /			/ /	/ /	Yes No
5.				/ /			/ /	/ /	Yes No
6.				/ /			/ /	/ /	Yes No
7.				/ /			/ /	/ /	Yes No
8.				/ /			/ /	/ /	Yes No
9.				/ /			/ /	/ /	Yes No
10.				/ /			/ /	/ /	Yes No
11.				/ /			/ /	/ /	Yes No
12.				/ /			/ /	/ /	Yes No
13.				/ /			/ /	/ /	Yes No
14.				/ /			/ /	/ /	Yes No
15.				/ /			/ /	/ /	Yes No
16.				/ /			/ /	/ /	Yes No

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17.				/ /			/ /	/ /	Yes No
18.				/ /			/ /	/ /	Yes No
19.				/ /			/ /	/ /	Yes No
20.				/ /			/ /	/ /	Yes No
21.				/ /			/ /	/ /	Yes No
22.				/ /			/ /	/ /	Yes No
23.				/ /			/ /	/ /	Yes No
24.				/ /			/ /	/ /	Yes No
25.				/ /			/ /	/ /	Yes No
26.				/ /			/ /	/ /	Yes No
27.				/ /			/ /	/ /	Yes No
28.				/ /			/ /	/ /	Yes No
29.				/ /			/ /	/ /	Yes No
30.				/ /			/ /	/ /	Yes No
31.				/ /			/ /	/ /	Yes No
32.				/ /			/ /	/ /	Yes No
33.				/ /			/ /	/ /	Yes No
34.				/ /			/ /	/ /	Yes No
35.				/ /			/ /	/ /	Yes No
36.				/ /			/ /	/ /	Yes No
37.				/ /			/ /	/ /	Yes No
38.				/ /			/ /	/ /	Yes No
39.				/ /			/ /	/ /	Yes No
40.				/ /			/ /	/ /	Yes No

If the center has more than 40 staff, copy and use the additional page below.

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